## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

JUN1821 1:19PM

(FELASE F	KINT OK TIFL)		1								
NOTE: This form must be on file with the qualifying officer before opening the campaign account.									OFFICE USE ONLY		
1. CHECK APPROPRIATE	BOX(ES):					**************************************					
	Re-filing to Chang	e: 🔲 T	reasur	er/Deputy		Depository		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)			3. Address (include post office box or street, city, state, zip								
MAYLIN VILLALONGA			code) 363 E 63rd ST								
4. Telephone	5. E-mail address		HI	ALEAH FL	. 33	3013					
(786 ) 609-2145	maylin_villalonga@	hotmail.	cc			•					
Office sought (include district, circuit, group number)     CITY COUNCIL , GROUP VII				7. If a candidate for a <u>nonpartisan</u> office, check if applicable:  My intent is to run as a Write-In candidate.							
8. If a candidate for a part	tisan office, check blo	ck and fil	l in na	me of party	as	applicable:	My inte	nt is to rur	n as a		
Write-In No I	Party Affiliation						Par	ty cand	didate.		
9. I have appointed the fo	llowing person to act	as my		Campaign Tı	reas	surer 🔲	Deputy	Treasure	er		
10. Name of Treasurer or D	Deputy Treasurer										
11. Mailing Address				12. Telephone							
363 E 63rd ST				( 305 ) 725-4860							
13. City	14. County	15. St	ate	16. Zip Cod	е	17. E-mail ad	dress				
HIALEAH	MIAMI-DADE	FL	(	33013		maylin_villa	alonga	@hotma	il.con	1	
18. I have designated the	Pr	Primary Depository Secondary Depository									
19. Name of Bank				20. Address							
FIRST BANK FLORIDA			1325	W 49th S							
21. City	22. County			23. State				24. Zip Code			
HIALEAH MIAMI-DADE				FLORIDA 33012							
UNDER PENALTIES OF PERJUIDESI	RY, I DECLARE THAT I HAV IGNATION OF CAMPAIGN D					TATES IN IT AS	E TOLE	IPAIGN TRI	EASURI	ER AND	
25. Date			26. S	ignature of C	Can	didate					
6/18/2021	,		X	D. I	M	lalous/	)				
27. Treasure	er's Acceptance of App	oointmen	<b>t</b> (fill in	the blanks a	and	check the app	oropriate	block)			
I,	LIVANNES CHA	VEZ			_	, do hereby	/ accept	the appo	intmen	t	
	(Please Print or Type	Name)				· '		• •			
designated above as:	Campaign	Treasure	er	Deputy	Tre	asurer.	2	,			
6/18/2021	<u> </u>	X		yuur	u	1 Qu	111				
Date	<del>)</del>		Sign	ture of Cam	paig	n Treasurer o	r Deput	Treasur	er		
DS-DE 9 (Rev. 10/10)							<b>/</b> F	Rule 1S-2.	.0001,	F.A.C.	